

(Must be signed by owner, partner, or authorized officer of corporation – Stamped signature not acceptable)

## 19. OPERATING JURISDICTIONS

Complete the schedule below by placing an "X" next to the jurisdictions in which you plan to operate "Qualified Motor Vehicles", maintain bulk storage of fuel, or in which you have IRP fleets registered.

A = Operate Motor Vehicles      B = Storage      C = IRP Fleets

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AK	Alaska	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IL	Illinois	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NC	North Carolina	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	RI	Rhode Island
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AL	Alabama	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IN	Indiana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ND	North Dakota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SC	South Carolina
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AR	Arkansas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KS	Kansas	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NE	Nebraska	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SD	South Dakota
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AZ	Arizona	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	KY	Kentucky	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NH	New Hampshire	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TN	Tennessee
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CA	California	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LA	Louisiana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NJ	New Jersey	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	TX	Texas
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CO	Colorado	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MA	Massachusetts	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NM	New Mexico	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	UT	Utah
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	CT	Connecticut	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MD	Maryland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NV	Nevada	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VA	Virginia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DC	District of Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ME	Maine	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NY	New York	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	VT	Vermont
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	DE	Delaware	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MI	Michigan	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OH	Ohio	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WA	Washington
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	FL	Florida	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MN	Minnesota	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OK	Oklahoma	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WI	Wisconsin
<input checked="" type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	GA	Georgia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MO	Missouri	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	OR	Oregon	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WV	West Virginia
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	IA	Iowa	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MS	Mississippi	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PA	Pennsylvania	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	WY	Wyoming
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ID	Idaho	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MT	Montana	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>			<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>		

### CANADIAN PROVINCES

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NS	Nova Scotia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	AB	Alberta	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	MB	Manitoba	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PE	Prince Edward Island
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NT	N W Territory	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	BC	British Columbia	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NB	New Brunswick	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	PQ	Quebec
<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	ON	Ontario	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	LB	Labrador	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	NF	New Foundland	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	SK	Saskatchewan
															<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	YT	Yukon Territory

#### FOR OFFICE USE ONLY

<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>	<input type="checkbox"/>
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#### OWNERSHIP/RELATIONSHIP SECTION

(This section MUST be completed for your application to be accepted)

20.	CHECK ALL THAT APPLY	GEORGIA IFTA EFFECTIVE DATE:	/ /				
<input type="checkbox"/>	Owner	<input type="checkbox"/>	Parent Company	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Related Business
<input type="checkbox"/>	Partner	<input type="checkbox"/>	Shareholder	<input type="checkbox"/>	Tobacco Licensee	<input type="checkbox"/>	Motor Fuel Supplier
<input type="checkbox"/>	Officer	<input type="checkbox"/>	Alcohol Licensee	<input type="checkbox"/>	Tobacco Distributor	<input type="checkbox"/>	Managing Member
A	BUSINESS NAME				STI or LICENSE NO.		
B	GA. SALES TAX NO.				GA. WITHHOLDING TAX NO.		
C	LAST NAME	FIRST	M.I.	TITLE	SOC SEC NO.		
D	ADDRESS						
E	CITY	STATE	ZIP	COUNTY	COUNTRY	PHONE ( )	
21.	CHECK ALL THAT APPLY	GEORGIA IFTA EFFECTIVE DATE:	/ /				
<input type="checkbox"/>	Owner	<input type="checkbox"/>	Parent Company	<input type="checkbox"/>	Manager	<input type="checkbox"/>	Related Business
<input type="checkbox"/>	Partner	<input type="checkbox"/>	Shareholder	<input type="checkbox"/>	Tobacco Licensee	<input type="checkbox"/>	Motor Fuel Supplier
<input type="checkbox"/>	Officer	<input type="checkbox"/>	Alcohol Licensee	<input type="checkbox"/>	Tobacco Distributor	<input type="checkbox"/>	Managing Member
A	BUSINESS NAME				STI or LICENSE NO.		
B	GA. SALES TAX NO.				GA. WITHHOLDING TAX NO.		
C	LAST NAME	FIRST	M.I.	TITLE	SOC SEC NO.		
D	ADDRESS						
E	CITY	STATE	ZIP	COUNTY	COUNTRY	PHONE ( )	